

Acromegally

► Personal history.

► c/o

Headache, vomiting of 8 years duration.

► HPI

The condition started 8 years ago by gradual onset, progressive course of **headache**, bursting in character, increased in the morning associated with **blurring of vision**. The patient also noticed rapid increase in the sizes of his shoes and rings.

3 years later, the patient developed **polyphagia, polyuria, polydipsia**, investigated by random blood sugar, diagnosed as **diabetes mellitus**, treated by glucophage. Few months later, the patient developed **generalized bony pain, joint pain and tingling and numbness in both hands and feet**.

The patient sought medical advice and investigated by skull x-ray and CT, diagnosed as pituitary adenoma and treated by surgery.

No symptoms suggesting pulmonary or systemic congestion.

► Past history

No drugs, operation.

► Family history

- No consanguinity.
- No similar condition in family.
- No common disease in family.

► General exam

Vital signs:

- **Temperature:** 37° c.
- **Bl. Pressure:** 160/90.
- **Pulse:** Regular, 70 beat/minute, average volume, no special character, equal in both sides, intact peripheral pulsation, vessel wall is not felt.
- **Mentality:** The patient is fully conscious, well oriented for time, place and person. Average mood and memory. The patient is co-operative with average intelligence.

Head:

- **Built:** may be tall stature (specially in gigantism).

Head:

- Elongated head.
 - Prominent supra-orbital ridges.
 - Enlarged nose, lip, ear, prognathism, separated teeth.
 - Skin folds in back of the neck.
 - Husky voice.
 - Defect in visual acuity, field.
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Neck:**► By Inspection**

Swelling in front of lower neck, butterfly appearance, move up and down with deglutition, disappear on contraction of sternomastoid muscle with no dilated veins or scar.

► By Palpation

Thyroid swelling is firm, homogenous, lower border is reached with deglutition, not attached to sternomastoid muscle, with central trachea, intact carotid pulsation, with no thrill or tenderness.

► By Percussion : resonant manubrium sterni.

► By Auscultation : no bruit.

Extremities:

UL: spade like (Acromegalic hand).

LL: large leg (Acromegalic leg).

► Systemic Examination

- **Skin:** Thickened, folds, sweaty, greasy skin.
- **Neuromuscular:** search for myopathy and neuropathy (see Neuro).
- **Bone:** Crepitus in knee joint.
- **Heart:** No signs of hypertension (cardio).
No apical gallop, pulsus alternans, basal crepitation (LVF).
No signs of systemic congestion (RVF).

► Investigation

- X-ray skull, heel, hand, joint
- CT , MRI
- GH level
- Blood sugar

► Treatment

- Somatotatin analogue: Octreotide.
- GH antagonist: pegvisomant.
- Surgical removal of adenoma.

► Diagnosis :

Case of acromegaly for D.D most probably due to pituitary adenoma

- ❖ Adenoma → I.C.T
- ❖ Acromegaly → hand, head, effects of growth hormone on skin ,joint .DM,...

بتسأل العيان:

- صداع بيزيد الصبح وترجيع مالوش علاقة بالاكل مبيغرقش الهدوم وزغللة
- عندك ضغط أو سكر (أو الأعراض)
- cardiac ← رفرقة أو ورم في رجلتك مع نهجان .
- بتحس بتنميل وشكشكة ويقدر يشيل حاجة أو يطلع سلاالم
- بتحس بوجع في مفاصلك ← (Osteoarthritis)
- الخواتم اضيقت عليك والجزم اضيقت ولا لا